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CONFIRMATION NO. 5128

Bib Data Sheet

SERIAL NUMBER 10/768,713	FILING DATE 02/02/2004  RULE	CLASS 623	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 246472006400
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* None. AR 8/17/05

\*\* FOREIGN APPLICATIONS \*\*\*\*\* None. AR 8/17/05

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/30/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	GERMANY	DRAWING 1	CLAIMS 15	CLAIMS 1
Verified and Acknowledged	Examiner's Signature <i>Anuradha Ramaswami</i> Initials <i>AR</i>				

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## TITLE

Cervical prosthesis and instrument set

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
RECEIVED 1748		